United States Bankruptcy Court Middle District of Tennessee | **PROOF OF CLAIM**

Name of Debtor
Sofa Express Inc

Case Number
07-09024

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor
AT&T

Name and Addresses Where Notices Should be Sent

AT&T Attorney James Grudus, Esq
AT&T Inc
One AT&T Way, Room 3A218
Bedminster, NJ 07921
Telephone No 908-234-3318 Fax 832-213-0157

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars
☐ Check box if you have never received any notices from the bankruptcy court in this case
☒ Check box if the address differs from the address on the envelope sent to you by the court

This space is for Court Use Only

Account of other number by which creditor identifies debtor
See attached

Check here if this claim ☐ replaces
☐ amends a previously filed claim dated

1 Basis for Claim

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other (Describe briefly) ***Monthly statement for Local Telephone Service and Long Distance Charges***

☐ Retiree benefits as defined in 11 U S C § 1114(a)

☐ Wages salaries and compensations (Fill out below)

Your SS# _____ _____
Unpaid compensations for services performed
from _____ to
(date) (date)

2 Date debt was incurred **Prior to 12/07/2007**

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed **$9,544 09** (*"Additionally, AT&T reserves all of its rights to setoff and contribution or otherwise as set forth in Section 553 of the United States Bankruptcy Code and as permitted under applicable state law"*)

If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle

☐ Other (Describe briefly)

Value of Collateral $

Amount of arrearage and other charges at time case filed included in secured claim if any $

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $
Specify the priority of the claim
☐ Wages salaries or commissions (up to $4 300) *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier – 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan U S C § 507(a)(4)
☐ Up to $1 950* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony Maintenance or support owed to a spouse former spouse or child – 11 U S C §507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other—Specify applicable paragraph of 11 U S C §507 (a ___)
** Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim
8 Supporting Documents *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts, contracts court judgments mortgages security agreements and evidence of perfection lien
9 Date-Stamped Copy To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

THIS SPACE FOR COURT USE ONLY
FILED
FEB 22 2008
BMC
Sofa Express Inc
00200

Date
02/13/08

Prepared By Monica Retana /s/ Monica Retana Bankruptcy Representative

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 1

AT&T SOUTHEAST

Case Number	07-09024
File Date	12/06/07

Debtor	Sofa Express Inc
	4600 S Hamilton Rd
	Groveport, OH 43125

Return Address

AT&T
P O Box 769
Arlington, TX 76004
Telephone 800 676-9304

Total Claim
$9,544 09

	Telephone or Circuit (C) Number	LIVE/ FINAL	(=) Clm AMT
1	904 899 1861 863	LIVE	872 58
2	904 899 1610 408	LIVE	1 633 30
3	904 363 8322 001	LIVE	1 002 28
4	828 299 9888 625	LIVE	1 004 17
5	770 934 1021 487	FINAL	0 00
6	770 476 9100 003	FINAL	0 00
7	704 540 0363 002	LIVE	1 205 50
8	678 578 3080 081	FINAL	0 00
9	615 893 5270 238	LIVE	2 584 95
10	615 851 8825 305	LIVE	1 241 31
11	615 325 5446 726	FINAL	0 00
12	615 325 3611 469	FINAL	0 00
13	404 361 8694 003	FINAL	0 00
14	615 860 1111 227	FINAL	0 00